



**VAN BINSBERGEN & ASSOCIATES, INC.**  
PROPERTY MANAGEMENT REAL ESTATE

**Corporate Office**

540 South First Street  
Montevideo, MN 56265  
Phone: 320.269.6640  
Fax: 320.269.7789  
office@vanblc.com

**Branch Office**

5709 SW 21st Street, Ste 104  
Topeka, KS 66604  
Phone: 785.350.2289  
Fax: 785.350.2290  
ksoffice@vanblc.com

**www.vanblc.com**

Serving Minnesota, Kansas, Missouri, Nebraska, Iowa

## PLEASE READ THE FOLLOWING BEFORE COMPLETING YOUR APPLICATION

- A non-refundable application fee of \$25 per Adult must be submitted with the application. Checks and Money Orders should be made payable to Van Binsbergen & Associates, Inc.
- Please write phone numbers for all banks, employment, and other institutions where assets are held and income is received.
- Any household member, 18 years of age or older, must sign and date all areas indicated.
- If you receive Social Security/SSI Benefits please enclose a copy of your most recent awards letter.
- Copies of Social Security cards are required for all members living in the household.
- Photo ID is required for all adult members

**Please keep in mind, when returning your application, the cost of postage will be higher. Contact your local Post Office for the correct postage amount.**

**If you have any questions regarding this application please call  
785-350-2289 to contact:  
Amy, Cyndi, Morgan, or Zayani**



Thank you for your interest in the properties managed by Van Binsbergen & Associates, Inc. Please take the time to thoroughly complete this application. Incomplete applications considerably lengthen the processing time. You may contact our office for assistance and any questions. Completed Applications are processed in order of date and time received.

**A non-refundable application fee of \$25.00 for each Adult member of the household MUST be included in order to process the application. MONEY ORDERS OR CHECKS MADE PAYABLE TO VAN BINSBERGEN & ASSOCIATES, INC.**

<b>Return completed application and application fee to:</b> <b>Van Binsbergen &amp; Associates - Kansas Branch</b>  <b>5709 SW 21st Street, Suite 104      Phone: 785-350-2289</b> <b>Topeka, KS 66604                      Fax: 785-350-2290</b> <b>Email: ksleasing@vanblc.com</b>	OFFICE USE ONLY	
	Date Received	
	Time Received	
	Fee Paid	
	Date Paid	

**APPLICATION FOR OCCUPANCY AT:**

PROPERTY NAME		REQUESTED MOVE IN DATE
CITY		STATE

What size unit are you requesting?       1 Bedroom     2 Bedroom     3 Bedroom     Other

How did you hear about this housing? \_\_\_\_\_

APPLICANT NAME			
ADDRESS			
CITY		STATE	ZIP
PHONE		CELL	
EMAIL			

**CURRENT INFORMATION:**

Do you wish to claim a \$400 deduction from your household income based on "Elderly Household" status, where one household member is 62 or older, handicapped or disabled?.....  Yes     No

Do you wish to have priority for handicap accessible unit with special design features? .....  Yes     No

Will you have a caregiver/attendant living with you? .....  Yes     No

*If yes, a criminal background check is required for each caregiver/attendant.*

Do you have a Letter of Priority issued by the USDA Rural Development due to displacement from another property?.....  Yes     No

Do you own any pets?     Yes     No    If yes, describe \_\_\_\_\_

*Pets are not allowed except in designated projects.*

Do you have a direct express/debit card for SS, SSI, child support or employment? .....  Yes     No

Have you received energy assistance in the past and/or do you anticipate receiving it within the next 12 months?.....  Yes     No

**NOTE:** Verification of disability must be obtained for individuals applying for disabled/handicap designated properties. Please provide contact information for verifying physician, clinic, hospital or other relevant third party facility.

PHYSICIAN'S NAME			
CLINIC/HOSPITAL			
ADDRESS			
CITY		STATE	ZIP
PHONE			



Equal Housing Opportunity

Van Binsbergen & Associates, Inc. is an Equal Opportunity Provider, and Employer. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410  
Or call (202) 720-6382 (Voice and TDD).

**IN CASE OF EMERGENCY NOTIFY:**

NAME			
ADDRESS			
CITY		STATE	ZIP
PHONE		CELL	
EMAIL		RELATIONSHIP	

**PLEASE NOTE:** If you fail to supply ALL requested information where necessary, this application may be deemed unacceptable and returned to you for completion.

**BACKGROUND HISTORY**

- Have you or any household member ever been evicted from housing or found ineligible for rental assistance due to violence or drug related criminal activity?  Yes  No
- Are you a current illegal user of controlled substance?  Yes  No
- Have you ever been convicted of the illegal use of a controlled substance?  Yes  No
- Have you ever been convicted of a drug violation: Use, attempted use, possession, manufacture, sale or distribution?  Yes  No
- Have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program?  Yes  No
- Have you ever been convicted of a felony?  Yes  No
- Are you or other household member subject to any state lifetime sex offender registration?  Yes  No

**HOUSING HISTORY**

- Have you lived independently from your parents/guardians?  Yes  No  
*If no, skip to personal reference section.*
- Have you owned your own home(s) for the last seven years?  Yes  No  
*If no, complete the following.*
- Have you been evicted/unlawful detainer from any type of housing for any reason?  Yes  No  
If yes, provide date and explanation : \_\_\_\_\_
- List all states/years where all adult members have resided? \_\_\_\_\_
- Have you had a prior rental with our management company  Yes  No  
If yes, provide date and property : \_\_\_\_\_

PRESENT LANDLORD		PHONE	
LANDLORD ADDRESS			
PROPERTY ADDRESS			
DATES RENTED	START	END	

PREVIOUS LANDLORD		PHONE	
LANDLORD ADDRESS			
PROPERTY ADDRESS			
DATES RENTED	START	END	

**PERSONAL REFERENCES *excluding family members and landlord references***

NAME		PHONE	
MAILING ADDRESS			

NAME		PHONE	
MAILING ADDRESS			

NAME		PHONE	
MAILING ADDRESS			

## CITIZENSHIP DECLARATION

Is every member of the household a US citizen?

Yes  No

If no, please list the full name of non-citizen and supply verification of eligible immigration status.

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

Acceptable documentation includes:

- Proof of age (only for tenants 62 years of age or older)
- If younger than 62, items required: Verification Consent Format **and one of the following:**
  - Form I-551, Alien Registration Receipt Card (for permanent resident aliens )
  - Form I-94 Arrival Departure Record
  - Form I-688, Temporary Resident Card
  - I-688B Employment Authorization Card
  - Receipt issued by DHS indicating application for issuance of replacement document of above listed categories
  - Form I-151, Alien Registration Receipt Card

## RACE/ETHNICITY

"The information regarding race, ethnicity and sex designation solicited on this Application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familiar status, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation your Application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis or visual observation or surname."

### HEAD:

- Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino
- Race:**  1 American Indian/Alaska Native  2 Asian  3 Black or African American
- 4 Native Hawaiian/Other Pacific Islander  5 White
- Gender:**  Male  Female

### CO-TENANT

- Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino
- Race:**  1 American Indian/Alaska Native  2 Asian  3 Black or African American
- 4 Native Hawaiian/Other Pacific Islander  5 White
- Gender:**  Male  Female

## CERTIFICATION/AUTHORIZATION/CONSENT

I/We hereby certify the unit applied for will be the household's permanent residence.

I/We further certify that I/we do/will not maintain a separate subsidized rental unit in another location.

I/We understand that I/we must pay a security deposit for this unit.

I/We understand that my/our eligibility for housing will be based on government program (dependent on property which may include HUD, RD, Tax Credit) income limits and tenant selection criteria.

I/We certify all information provided on this Application is true to the best of my/our knowledge and understand false statements, misinformation, or deliberately withheld information are punishable by law and will lead to cancellation of this Application or termination of tenancy after occupation.

I/We do hereby authorize **Van Binsbergen & Associates, Inc.** and authorized representatives to contact any agencies, law enforcement office, companies, groups, or organizations to verify any information contained in this Application or to obtain and verify additional information or materials which are deemed necessary to complete my/our Application for housing in programs administered by **Van Binsbergen & Associates, Inc.** Further, I/We consent to the release of wage matching data to the RHS and the borrower.

TENANT: \_\_\_\_\_ DATE: \_\_\_\_\_

TENANT: \_\_\_\_\_ DATE: \_\_\_\_\_

# Household Questionnaire

<b>Certification Effective Date:</b> <input type="checkbox"/> Move-in _____ <input type="checkbox"/> Initial Cert _____ <input type="checkbox"/> Recertification _____ <input type="checkbox"/> Add a Member _____	<b>Household certifying for the following program(s):</b> <input type="checkbox"/> Section 8 <input type="checkbox"/> NHTF <input type="checkbox"/> Housing Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 <input type="checkbox"/> Other _____	<b>Date and Time Rec'd:</b> _____ <b>Rent Amount:</b> \$ _____
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Property Name \_\_\_\_\_ Bldg/Unit # \_\_\_\_\_

### Household Composition

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant. **Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.**

	Household Member's Name	Relationship	Date of Birth	Has/Will this person be a student* during this and/or the upcoming calendar year? YES/NO	Social Security Number
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

\* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

### Household Income

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. **Include all full time, part time or seasonal income even if completing this application in the off-season.**

#### DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 2.):

	YES	NO		Gross Monthly
	Amount			Amount
			1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.) . . . . .	\$
			2. Does any member work for someone who pays them in cash, is self-employed or does "app" or "gig" work.	\$
			3. Regular pay for a member of the armed forces . . . . .	\$
			4. Public Assistance (MFIP, GA, MSA) <b>Benefits are received by (circle one)</b> direct deposit check cash card	\$
			5. Worker's compensation . . . . .	\$
			6. Unemployment benefits or severance pay . . . . .	\$
			7. Student financial assistance (public or private, not including student loans) . . . . .	\$
			8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) .	\$
			9. Alimony/Spousal Maintenance . . . . .	\$
			10. Social Security income (including unearned income of minor children) . . . . .	\$
			11. Disability benefits including social security disability . . . . .	\$
			12. Regular payments from pensions (PERA, railroad, etc.) . . . . .	\$
			13. Regular payments from retirement benefits . . . . .	\$
			14. Death Benefits . . . . .	\$
			15. Regular payments from annuities or life insurance dividends . . . . .	\$
			16. Regular payments from inheritance, insurance settlement, lottery winnings, etc. . . . .	\$
			17. Net income from rental property . . . . .	\$
			18. Regular cash and non-cash contributions, assistance with paying bills (including utilities), or gifts from companies, agencies or individuals not living in the unit (not including groceries). . . . .	\$
			19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$
			20. Other (list) _____	\$

# Household Questionnaire

## Household Assets

YES	NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	Current Balance
<input type="checkbox"/>	<input type="checkbox"/>	21. Checking Accounts . . . . . (6 month average balance)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Savings Accounts . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	23. Cash cards used to receive government benefits or other income . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	24. Online donation accounts such as GoFundMe, Kickstarter, Fundly, local bank, etc. . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	25. US Savings Bonds . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	26. Trusts* . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	27. Securities . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	28. Whole or Universal Life Insurance Policy (do not include term life insurance) . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	29. 401K* . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	30. IRA/KEOGH Accounts . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	31. Certificates of Deposit . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	32. Pension/Retirement/Annuity or Health Savings Accounts. . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	33. Money Market or Mutual Funds . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	34. Treasury Bills . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	35. Stocks . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains) . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	37. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	
<input type="checkbox"/>	<input type="checkbox"/>	38. Other _____	

\*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

YES	NO	Value
<input type="checkbox"/>	<input type="checkbox"/>	39. Do you now own a home or other real estate? . . . . . If yes, list address(es): _____
<input type="checkbox"/>	<input type="checkbox"/>	40. Do you receive payments for a home you sold by contract for deed? . . . . .
<input type="checkbox"/>	<input type="checkbox"/>	41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items . . . . . held as an investment (wedding rings and personal jewelry do not count)?
<input type="checkbox"/>	<input type="checkbox"/>	42. Are any assets held jointly with another person? List person and asset(s). _____
<b>Enter combined cash value of all household assets</b>		\$ _____

### DO NOT LEAVE THIS SECTION BLANK.

From 1-42, **income and assets** above, provide contact information for all "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income or asset source and educational institution for household members age 18 or older.	Contact name and phone/fax/email

Please attach documentation available to verify income (e.g., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

**DAYCARE:**

Do you have child care expenses for child/ren under age 13 because you work, are actively seeking employment or attending school? If yes, list name and address of provider: \_\_\_\_\_

Is any portion paid by another person or agency? If yes, list contact information of agency: \_\_\_\_\_

COMPLETE THIS SECTION **ONLY** IF HEAD OF HOUSEHOLD, CO-HEAD, OR SPOUSE ARE AT LEAST 62 YEARS OR OLDER OR HANDICAPPED OR DISABLED.

EXPENSE	NAME	YES	NO	AMOUNT	CONTACT INFORMATION
MEDICARE PART A					Name: Phone Number:
MEDICARE PART B					Name: Phone Number:
MEDICARE PART C					Name: Phone Number:
HEALTH INSURANCE Provide copy of monthly premium					Name: Phone Number:
OTHER MEDICAL HEALTH INSURANCE					Name: Phone Number:
MEDICAL ASSISTANCE SPENDOWN					Name: Phone Number:
OPTOMOLOGIST (Eyes)					Name: Phone Number:
EYEGASSES/CONTACTS					Name: Phone Number:
AUDIOLOGIST (Hearing)					Name: Phone Number:
HEARING AIDS/BATTERIES					Name: Phone Number:
DENTAL & DENTAL EXPENSES					Name: Phone Number:
PRESCRIPTION MEDICATIONS					Name: Phone Number:
NON-PRESCRIPTION MEDS -Must be verified w/physician -Resident must provide receipts					Name: Phone Number:
HOME HEALTH CARE					Name: Phone Number:
MEDICAL EQUIPMENT COSTS					Name: Phone Number:
MEDICAL RELATED TRAVEL -Number of visits must be verified w/physician					Name: Phone Number:

**PLEASE ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED.**

**PLEASE UPDATE YOUR EMERGENCY CONTACT:**

NAME			
ADDRESS			
CITY		STATE:	ZIP:
PHONE		CELL	
EMAIL		RELATIONSHIP:	

# Household Questionnaire

I/We hereby certify that I/We Have Have not sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset and Estimated Market Value	Date sold/disposed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### ADDITIONAL INFORMATION

The following questions pertain to every member of the household. Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked YES.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?
Explanation: _____ _____		

### SIGNATURES

I/we certify that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Head of household email address: _____	Phone: _____

**This applicant/resident required assistance in completing the Household Questionnaire due to:** \_\_\_\_\_

**Assistance was provided by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### STUDENT STATUS AFFIDAVIT

**This affidavit is to be completed by the Head of Household. Check A, B, or C, as applicable. (Note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, college universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training):**

- A. Household contains at least one occupant who is not a student, has not been a student and will not be a student for five or more months during the current and/or upcoming **CALENDAR** year (months need not be consecutive). If this item is checked, no further information is needed.
- B. Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are part-time student(s). Documentation of part-time student status is required for at least one member of the household. (*Complete Sample Form 19A*)
- C. Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed.

This section to be completed if it is determined the household is comprised of **full time students**.

- 1. At least one member of the household is a single parent with minor child(ren), and both the parent and children are not dependents of a 3<sup>rd</sup> party, and the children are only claimed by a parent. (*Please provide a copy of most recent tax return*).
- 2. At least one member of the household is married and *eligible* to file a joint income tax return. (*Please provide a copy of the marriage license OR a copy of most recent tax return*).
- 3. At least one member of the household receives assistance under Title IV of the Social Security Act, (or TANF). (*Please provide proof of assistance being received*).
- 4. At least one member of the household receives assistance from the Workforce Investment Act (formerly known as Job Training Partnership Act, (JTPA) or other similar federal, state or local program. Name of the Program: \_\_\_\_\_  
(*Please provide proof this type of assistance is being received*).
- 5. At least one member of the household was previously part of the Foster Care Program. (*Please provide proof/documentation from the State*).

**Households comprised entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If none of the above applies, or verification does not support the exception indicated, the household is considered an ineligible student household.**

I certify the statements made in this Student Affidavit are true and complete and I am aware that false statements are punishable under Federal law. I also understand that **I am to immediately report any changes in my student status** to the Management. I understand that my student status may affect my qualifications as a qualifying tenant under Section 42 of the Internal Revenue Code.

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Applicant/Resident (Head of Household)

Date

# TENANT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all representatives of companies/agencies in the categories listed below to release, without liability, information regarding employment, additional forms of income, benefits, assets, and references to **Van Binsbergen & Associates, Inc.** (Owner and/or Agent), for purposes of verifying information listed on the rental application.

## INFORMATION COVERED

I/We understand that previous or current information regarding my/our household may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identifiers; employment, income and assets; medical or child care allowances. I/We understand this authorization cannot be used to obtain any information which is not pertinent to eligibility as a qualified tenant.

## GROUPS OR INDIVIDUALS WHO MAY BE CONTACTED

The groups or individuals who may be asked to release the above information include, but are not limited to:

Past and Present Employers	Veterans Administration	Welfare Agencies
State Unemployment Agencies	Social Security Administration	Retirement Systems
Support and Alimony Providers	Banks/Other Financial Institutions	Colleges & Universities
Medical and Child Care Providers	Previous Landlords	Public Housing Agencies

## SAVE VERIFICATION CONSENT FORM

For every household member (adult or child) identified as an eligible noncitizen on the application, the signatures below provide consent to the following for the individual and/or signature of parent/guardian for household members under the age of 18:

1. The use of provided evidence/documentation to verify eligible immigration status to enable household members to receive financial assistance for housing.
2. The release of such evidence to the DHS for purposes of verification of the immigration status of the individual.

## CONDITIONS

I/We agree that a photocopy of this authorization may be used for the above stated purpose(s). The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

## SIGNATURES

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Date



This institution is an Equal Opportunity Provider, and Employer. To file a complaint of discrimination, write to USDA, Director Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice), or (202) 720-6382 (TTD).



**AQUTRAQ CONSUMER AUTHORIZATION-TENANT**

I, \_\_\_\_\_ (“Applicant”) understand that in conjunction with my application to lease/ purchase a residential apartment from Van Binsbergen & Associates, INC. (“Company”), Company will use the services of an outside agency to perform a background check and to verify the information that I have provided on my lease/purchase application. This background check may include information regarding my personal background, character, professional standing, work history or qualifications. Company uses ACUTRAQ Background Screening Inc. (ACUTRAQ), a consumer reporting agency, as its agent to perform these background checks.

I understand a background check is not only for the benefit of Company as a sound business practice, but also for the benefit of all residents. It is no reflection on an applicant. All reports are confidential, and provided to the Company for making a decision regarding my application to lease or purchase a residential apartment only. I may review or obtain a copy of the background check consumer report ACUTRAQ performed on me if adverse action is taken from information obtained, in whole or in part, from the background check information. ACUTRAQ will also provide a copy of my consumer report upon request. ACUTRAQ may also be contacted by writing to:

**ACUTRAQ Background Screening, Inc.**

PO Box 766  
Elkins, Arkansas 72727  
(479) 439-9174

I hereby authorize law enforcement agencies, information service bureaus, credit bureaus, consumer reporting agencies, record/data repositories, courts (federal, state, and local), my past and landlords, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by ACUTRAQ or Company.

By my signature below, I consent to and authorize the preparation of a consumer report prepared by ACUTRAQ for the Company and its designated representatives throughout the Lease period. I agree that a copy or fax of this document shall be as valid as the original.

**California applicants or employees only:**

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

I hereby consent and authorize Company and/or ACUTRAQ to prepare any and all reports described above in conjunction with my application to lease/purchase a residential apartment.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (Applicant Initials)

APPLICANT SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

## **DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS**

In connection with my application to rent a dwelling with Van Binsbergen & Associates, INC. further known as (“Company”). Company uses ACUTRAQ Background Screening Inc. (ACUTRAQ), a consumer reporting agency, as its agent to perform these background checks. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of current and previous employers, reason for termination of employment, work experience, names and dates of current and previous tenancy, reasons for termination of tenancy, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. In addition, investigative consumer reports (gathered from personal interviews, as applicable, with current and former employers and/or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand that the Company can use this disclosure and authorization to continue to obtain such consumer reports throughout my lease period.

### **Authorization**

**I hereby authorize procurement of consumer report(s) and/or investigative consumer report(s) by Company. This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure such reports at any time during my lease period. I authorize without, reservation, any person, business or agency contacted by ACUTRAQ Background Screening, Inc. (ACUTRAQ) to furnish the above-mentioned information. This authorization is conditioned upon the following representations of my rights:** I understand that I have the right to make a request to the consumer reporting agency: ACUTRAQ Background Screening, Inc.; P.O. Box 766 Elkins, Arkansas, 479-439-9174 , upon proper identification, to obtain copies of any reports furnished to the Company by ACUTRAQ Background Screening, Inc. and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and ACUTRAQ on Company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). ACUTRAQ will also disclose the recipients of any such reports on me which the ACUTRAQ has previously furnished within one year preceding my request (California three years). I hereby consent to Company obtaining the above information from ACUTRAQ. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the ACUTRAQ Background Screening, Inc. I may view the ACUTRAQ's privacy policy at their website:www.ACUTRAQ.com.

I understand that if the Company is located in California, Minnesota, or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

Check here:

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (Applicant Initials).

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security No.: \_\_\_\_\_; Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

### A Summary of your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you- must tell you, and must give you the name, address, and phone number of the agency that provided the information.
  - **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free disclosure if:
    - A person has taken adverse action against you because of information in your credit report;
    - You are the victim of identity theft and place a fraud alert in your file
    - Your file contains inaccurate information as a result of fraud;
    - You are on public assistance;
    - You are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
  - **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
  - **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
  - **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
  - **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
  - **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
  - **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
  - The Following FCRA right applies with respect to nationwide consumer reporting agencies:

#### Consumers Have the Right To Obtain A Security Freeze

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

Type of Business	Contact:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW, Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW, Washington DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks. b. State member banks, branches and agencies of foreign banks (other than federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations. d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group PO Box 53570, Houston, TX 77052 b. Federal Reserve Help Center PO Box 1200, Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street, Alexandria, VA 22314
3. Air Carriers	Assistant General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue SE, Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street NW, Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200, Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE, Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive, McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW, Washington DC 20580 (877) 382-4357

**AQUTRAQ CONSUMER AUTHORIZATION-TENANT**

I, \_\_\_\_\_ (“Applicant”) understand that in conjunction with my application to lease/ purchase a residential apartment from Van Binsbergen & Associates, INC. (“Company”), Company will use the services of an outside agency to perform a background check and to verify the information that I have provided on my lease/purchase application. This background check may include information regarding my personal background, character, professional standing, work history or qualifications. Company uses ACUTRAQ Background Screening Inc. (ACUTRAQ), a consumer reporting agency, as its agent to perform these background checks.

I understand a background check is not only for the benefit of Company as a sound business practice, but also for the benefit of all residents. It is no reflection on an applicant. All reports are confidential, and provided to the Company for making a decision regarding my application to lease or purchase a residential apartment only. I may review or obtain a copy of the background check consumer report ACUTRAQ performed on me if adverse action is taken from information obtained, in whole or in part, from the background check information. ACUTRAQ will also provide a copy of my consumer report upon request. ACUTRAQ may also be contacted by writing to:

**ACUTRAQ Background Screening, Inc.**

PO Box 766  
Elkins, Arkansas 72727  
(479) 439-9174

I hereby authorize law enforcement agencies, information service bureaus, credit bureaus, consumer reporting agencies, record/data repositories, courts (federal, state, and local), my past and landlords, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by ACUTRAQ or Company.

By my signature below, I consent to and authorize the preparation of a consumer report prepared by ACUTRAQ for the Company and its designated representatives throughout the Lease period. I agree that a copy or fax of this document shall be as valid as the original.

**California applicants or employees only:**

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

I hereby consent and authorize Company and/or ACUTRAQ to prepare any and all reports described above in conjunction with my application to lease/purchase a residential apartment.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (Applicant Initials)

APPLICANT SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

## **DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS**

In connection with my application to rent a dwelling with Van Binsbergen & Associates, INC. further known as (“Company”). Company uses ACUTRAQ Background Screening Inc. (ACUTRAQ), a consumer reporting agency, as its agent to perform these background checks. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of current and previous employers, reason for termination of employment, work experience, names and dates of current and previous tenancy, reasons for termination of tenancy, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. In addition, investigative consumer reports (gathered from personal interviews, as applicable, with current and former employers and/or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand that the Company can use this disclosure and authorization to continue to obtain such consumer reports throughout my lease period.

### **Authorization**

**I hereby authorize procurement of consumer report(s) and/or investigative consumer report(s) by Company. This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure such reports at any time during my lease period. I authorize without, reservation, any person, business or agency contacted by ACUTRAQ Background Screening, Inc. (ACUTRAQ) to furnish the above-mentioned information. This authorization is conditioned upon the following representations of my rights:** I understand that I have the right to make a request to the consumer reporting agency: ACUTRAQ Background Screening, Inc.; P.O. Box 766 Elkins, Arkansas, 479-439-9174 , upon proper identification, to obtain copies of any reports furnished to the Company by ACUTRAQ Background Screening, Inc. and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and ACUTRAQ on Company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). ACUTRAQ will also disclose the recipients of any such reports on me which the ACUTRAQ has previously furnished within one year preceding my request (California three years). I hereby consent to Company obtaining the above information from ACUTRAQ. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the ACUTRAQ Background Screening, Inc. I may view the ACUTRAQ's privacy policy at their website:www.ACUTRAQ.com.

I understand that if the Company is located in California, Minnesota, or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

Check here:

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (Applicant Initials).

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security No.: \_\_\_\_\_; Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_